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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

□ Declaration Submitted with Initial Filing

OR

☑ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number		120-084			
First Named Inventor		Illingworth, Lewis			
COMPLE	ETE IF	KNOWN			
Application Number		09 / 728,602			
Filing Date	12/	1/2000			
Group Art Unit	374	15			
Examiner Name	ТВ	A			

As a below named inventor, I hereby declare that:								
My residence, mailing address, and citizenship are as stated below next to my name.								
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
Lifting Platform								
the specification of which		(Tit	le of the	Invention)				
ine specification of which								
OR .	11 to 4 Obstace Apolication Alumbas as DCT International							
was filed on (MM/DD/YYYY)	12/1/2	2000				(if applicable).		
Application Number 09/728,602		and was ar	mended o	on (MM/DD/YYY	Y)			
I hereby state that I have reviewed amended by any amendment spec	l and und cifically re	erstand the co	ntents of e.	the above ident	tified specification	, including the claims, as		
I acknowledge the duty to disclose in-part applications, material inform PCT international filing date of the	nauon wr	nch became a	valiable b	patentability as etween the filing	defined in 37 CF g date of the prior	R 1.56, including for continuation application and the national or		
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application Number(s)		Country (MM/DD/YYYY) N				Certified Copy Attached? YES NO		
					0000	0000		
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:								
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.								
Application Number(s) Filing Date					Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.			

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

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Country: U.S.A.	S.A. Telephone: (908) 27			7-3333		Fax: (908) 277-6373
I hereby declare that all statements made are believed to be true; and further that made are punishable by fine or imprison validity of the application or any patent is:	these statem ment, or both	ients were i, under 18				
NAME OF SOLE OR FIRST INVE	NTOR:			A petitio	n has been fi	led for this unsigned inventor
Given Name Lewis		, <u>.</u>		Family Na	ame Illingwor	th
(first and middle [if any])	_)			or Surna	me	
Inventor's Signature	20/		_			Date Thereis 0/
Residence: City Kensington	<u> </u>		State Ni	H C	ountry. USA	Citizenship USA
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City Kensington	State NH		ZIP 03833		Country USA	
NAME OF SECOND INVENTOR				A petiti	on has been	filed for this unsigned inventor
Given Name (first and middle [if any])				Family I or Sum		
Inventor's Signature	·					Date
Residence: City			State		Country	Citizenship
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Mailing Address						
City	State			ZIP		Country
Additional inventors are being name		_supplem	ental Addi	tional Inve	ntor(s) sheet(s)	PTO/SB/02A attached hereto.

[Page 2 of 2]

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Application Number	09/728,602
Filing Date	12/1/2000
First Named Inventor	Illingworth, Lewis
Group Art Unit	3745
Examiner Name	TBA
Attomey Docket Number	120-084

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		SIGNATURE of Applicant or Ass	signee of	Record				
Name Signature	Lewis	s Illingworth //) =					
Date	X	7 march	$\mathcal{Q}/$					
NOTE: Signatur forms if more than	es of all the inve an one signature	ntors or assignees of record of the entire into its required, see below.	erest or the	ir representative	e(s) are required. Submit mu			
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